City of San Marcos Ethics Review Commission Ethics Violation Complaint Form

All fields MUST be completed and NOTARIZED for complaint to be considered.

Complainant Information: Name: (please print) Address: Phone number: _____ Fax number/email address: Who is the complaint against: Name: Position with City: MUST specify what law you allege was violated: ___ City Ethics Ordinance, Section(s) _____ ___ State Conflict of Interest Statute (Local Government Code Chapter 171) ___ City Charter, Section(s) _____ Briefly state in your own words the facts that lead you to believe a violation has occurred:

By sub	attach a copy of all documents upon which you are relying as a basis for this complaint. mitting this complaint, you acknowledge the following: You have reviewed a copy of the City Ethics Ordinance and the Ethics Review Commission Rules of Procedure for Hearings.
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By sub 1. 2. 3. Signatu	mitting this complaint, you acknowledge the following: You have reviewed a copy of the City Ethics Ordinance and the Ethics Review Commission Rules of Procedure for Hearings. You may be asked to appear at a hearing to present evidence to establish the alleged violation. When completed submit your form by mail to the City Attorney's Office, 630 E. Hopkins, San Marcos, TX 78666, e-mail: BQuirk@sanmarcostx.gov or fax to 855.759.2846.
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